**SEXUAL** **HISTORY**

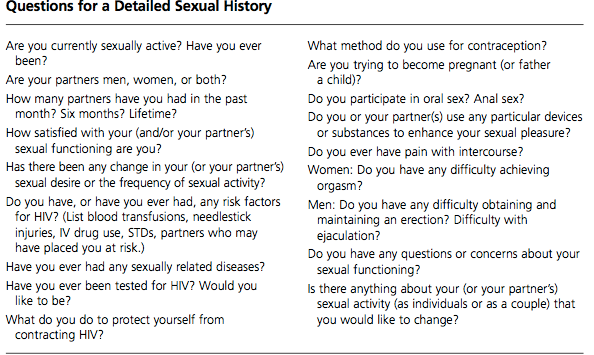
* **Why ask?**
  + May be lifesaving
    - Pregnancy
    - AIDS
    - Cancer
    - STD’s
  + May be related to diagnosis and treatment
    - Partner with infection
      * Then both need to be treated
    - Unprotected sex
  + Dysfunction as indicator of disease of medication side effect
    - Coronary artery disease
    - Antihypertensive medications
  + Risk management
  + Primary prevention
    - We are educators—tell them how they can protect themselves
  + Sexual satisfaction
    - They want you to ask…
* **Barriers**
  + Embarrassment
  + Feeling unprepared
  + Believing sexual history is not relevant to chief complaint
  + Time constraints
  + Underestimating prevalence of sexual dysfunction
  + Your viewpoints
* **What are STD’s**
  + Chlamydia
  + Gonorrhea
  + Syphilis
  + Chancroid
  + Herpes
  + Trichomonas
  + HPV (Human Pamillomavirus)
    - Patients commonly confuse this with HIV
    - HPV can cause precancer or cancer
  + HIV(Human Immunodeficiency Virus)
  + PID (Pelvic Infammatory Disease)
    - Can lead to long term infertility
    - Most commonly caused by chlamydia and gonorrhea
* **How common are STD’s**
  + Chlamydia
    - 1.25 million cases reported in 2009
    - 3% ↑ from 2008
  + Gonorrhea
    - 300,000 cases reported in 2009
    - ↓ Of 10.5% from 2008
  + HPV
    - 50-60% of sexually active woman
* **What is Sexual dysfunction**
  + Men
    - Erectile dysfunction/impotence
    - Retrograde ejaculation
  + Women
    - Orgasm
    - Desire
    - Lubrication
    - Pain
  + Both
    - Emotional/quality of life
* **How common is sexual dysfunction?**
  + Men
    - 20-30%
  + Woman
    - 30-40%
  + Likely underestimated
    - Due to patient fear or physicians don’t ask
* **When to ask sexual history questions**
  + Relation symptoms
    - Burning urine, lump on genitals, etc.
    - Ask patient to expand or clarify
  + Ob/gyn history
  + Health maintenance
  + Social history
    - Very common place to talk about this
  + Review of systems
* **How To ask about Sexual history**
  + Use a transition
  + Establish confidentiality
  + Be clear with medical terminology
  + Avoid judgment
  + Do not assume
  + Acknowledge uncomfortable feelings
  + Eye contact, nodding
  + Questionnaire
* **What to say…**
  + “In order to take excellent care of you, I need to ask you some personal questions”
  + “I ask all of my patients these same questions”
  + “I realize it feels awkward to talk about these things”
  + DO NOT USE IMPROPER NAMES FOR ANATOMY OR FOR SEXUAL ACTIONS
    - DON’T SAY
      * Pooky, Pocketbook, Down Under, Tata, “Doing it”
    - OKAY TO SAY
      * The real parts
        + Vagina
        + Vulva (outside folds)
        + Penis
        + Private parts

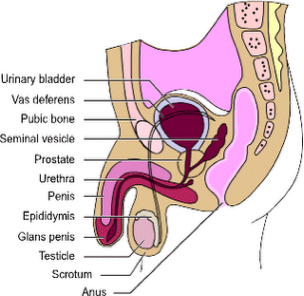
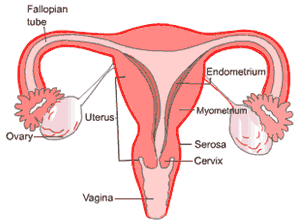
Older patients find vagina and penis offensive

Generations

* + - * + Sex

Intercourse



* **The “PLISSIT” Model**
  + **Permission (P)**
    - For physicians to discuss sex with patient
    - For patient to discuss sexual concerns now and in future
    - To continue normal (nonharmful) sexual behaviors
    - Ask open ended questions, give patient permission to talk, reassure that feelings are acceptable
    - “Do you care if I ask you some questions”
    - “Do you have any concerns or questions about sexual functioning?”
    - “How satisfied with you sexual functioning are you”
    - “Is there anything about your sexual activity you would like to change”
  + **Limited information (LI)**
    - Dispel myths
    - Give factual information
      * Sexual Response Cycle
      * Anatomy and Physiology
        + The Parts
        + 
      * Effects of Illness
      * Effects of Medications
      * Life-cycle changes
        + Encourage the use of condoms
    - Address what you can during the visit
    - Include education
    - Encourage patient to schedule follow up visits
  + **Specific Suggestions (SS)**
    - Suggestions directly related to the problem
    - Make small changes that may help
    - Manage comorbid conditions
    - Assess medications that may impact sexual function
    - Suggestions for safer sex
    - Familiarize yourself with resources
  + **Intensive Treatment (IT)**
    - Provide highly individualized therapy for complex situations
    - Beyond providing basic information and suggestions most physicians will refer patient to qualified specialists
      * Sex therapist
      * Couples counselors
      * Physical therapist
      * Endocrinologist
      * Urogynecologist
      * Domestic violence support group
* **Why should we do this** 
  + Patients want to talk about it
  + Patients are scared
  + Patients have misconceptions
  + Patients expose themselves to risk
    - Knowingly and unknowingly
  + TO HELP PATIENTS ☺

**Objectives**

* To describe importance of taking a comprehensive and compassionate sexual history for wellness and addressing chief complaint, identifying high-risk behaviors, and primary prevention
* To examine one’s own attitudes toward sexuality and degree of comfort talking about sex with patients
* To review general approach to taking sexual history through the use of “PLISSIT” model
* To practice taking a sexual history with patient cases